PAYOUT FORM 1. EMPLOYEE NAME 2. SEX			3. STANDARD NAF #	4. PLAN NUMBER		
I. LIVIF LO	ILL IVAIVIL		Z. JLA	3. STANDARD NAI #	4. FLAN NOWIDER	
E COMPL	ETE MAILING ADDRESS			6. SOCIAL SECURITY #	7. FIRST CONTRIBUTION	
o. COMPL	ETE MAILING ADDRESS			6. SOCIAL SECURITY #	7. FIRST CONTRIBUTION	
A D D D 4				o Patroc Piptu (Pop)	0 DECUMAR ARREST DATE	
ADDR1				8. DATE OF BIRTH (DOB)	9. REGULAR APPT. DATE	
				10 VECTING DATE	44 TERMINATION DATE	
CITY		STATE	ZIP	10. VESTING DATE	11. TERMINATION DATE	
10 WITHE	DAWAL DEACON (CELE	CT ONE ONLY				
IZ. WITHL	RAWAL REASON (SELE	CT ONE ONLY)				
	SEPARATION	ATTACH COMPLETED DA FORM 34	34 OR 3473 FOR SEP	ARATION FROM EMPLOYMENT.		
	DEATH	ATTACH COMPLETED DA FORM 34	34 OR 3473 FOR SEPA	ARATION FROM EMPLOYMENT	AND A CERTIFIED	
	DICADILITY	DEATH CERTIFICATE OF PARTICIPANT DISABILITY ATTACH FULLY COMPLETED EBB FORM 766-G FOR DETERMINATION OF DISABILITY BY SURGEON GENERAL.				
	DISABILITY	ATTACH FULLY COMPLETED ERR F	ORM 766-G FOR DET	EKMINATION OF DISABILITY BY	SURGEON GENERAL.	
	HARDSHIP	ATTACH NOTARIZED COPIES OF PI REASON FOR HARDSHIP WITHDRA			MAY NOT BE WITHDRAWN.	
	Purchase of principal Residence	Unreimbursed Medical Expenses		Tuition for next 12 months of Post secondary education	Prevent eviction or foreclosure principal residence	
13. PAYMI	ENT METHOD				residence	
	LUMP SUM DISTRIBU	ITION		DEFERRED LUMP SUM PAY	MENT	
	The amount distributed will be equal to my vested accrued benefit as of the			I elect to defer the receipt of my accrued benefit until a future		
	valuation date coincident with or immediately following my date of separation. Subject to 20% Federal withholding tax and early withdrawal penalty 10% if under age 59 1/2.			valuation date, but not beyond the vaulation date on or after which I attain age 70 1/2. I am responsible for the record keeping fee on a quarterly basis.		
	PARTIAL WITHDRAWAL (HARDSHIP)			ROLLOVER TO INDIVIDUAL IRA (FIDELITY INVESTMENTS)		
	If approved, the withdrawal will equal the lesser of the amount required to be distributed to meet the need created by the hardship or the amount available for hardship distributions. Subject to 20% Federal withholding tax and early withdrawal penalty of 10%, if under age 59 1/2.			The amount of the rollover will be my vested accrued benefit as of the valuation date coincident with or immediately following my date of separation. This election is not subject to Federal withholding tax.		
	eariy witndrawai penait	ly of 10%, if under age 59-1/2.		Attach application for Fidelity II	KA.	
	Amount I am Requesting (Hardship) \$			ROLLOVER TO INDIVIDUAL IRA (OTHER INSTITUTION) Include bank transfer form. This election not subject to Federal withholding tax.		
14. AUTH(ORIZATION					
	AUTHORIZE THE PAYOU [*] SERVICE (IRS).	T AMOUNT STATED ABOVE. I UNDER	STAND THAT ALL WIT	THDRAWALS WILL BE REPORTE	D TO THE INTERNAL	
	PARTICIPANT SIGNATURE			DATE		
	CPU SIGNATURE			DATE		

EBB 401(K) PAYOUT FORM (AUG 92) EDITION OF OCT 91 IS OBSOLETE

PLAN # 90076

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: Internal Revenue Code, Section 401(k)

PRINCIPAL PURPOSE(S): To disburse the funds of the participants of the Army NAF Employee 401(k) Savings Plan

ROUTINE USES: To verify current participation and eligibility for withdrawal of funds.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure is voluntary. Failure to provide information will result in employee not receiving his/her accrued benefits of the Army NAF Employee 401(k) Savings Plan.

INSTRUCTIONS FOR COMPLETING EBB 401(K) PAYOUT FORM

(SEND COPIES TO: USANAF EMPLOYEE BENEFITS, P.O. BOX 107, ARLINGTON, VA 22210-0107 AND NAF FINANCIAL SERVICES, TEXARKANA, TX)

ITEM

- 1. Enter last name, first name and middle initial
- Self explanatory
- 3. Enter standard NAFI number (SNN) assigned in accordance with AR 215-1, Appendix G or provide the installation code and work center from the earnings and leave statement
- 4. No entry needed.
- 5. Complete mailing address that employee wants distribution to be mailed.
- 6. Self explanatory
- 7. Obsolete
- Self explanatory
- 9. Enter earliest date in an eligible status (regular appointment date)
- 10 Obsolete
- 11 Enter date separated from employment or date employee entered an ineligible status (i.e. flexible appointment)
- Select the appropriate withdrawal reason. If withdrawal is due to a hardship, the appropriate reason box must be selected. The employee must attach evidence of hardship such as medical bills, foreclosure notice, tuition bill, or proposed contract for primary residence. Employee must suspend contributions to the Plan for 12 months after receipt of hardship distribution. After the 1 year waiting period is completed, the employee must complete a new 401(k) enrollment form. The maximum the employee may contribute in the year following the year in which the hardship withdrawal is made, will be reduced by the amount the employee contributed in the year the withdrawal was made. Hardship withdrawals must be approved by the Employee Benefits Office. All withdrawals will be based on the value of the employee's account as of the last valuation date. No more than one withdrawal is permitted during any 12 month period. Hardship withdrawals must be for an immediate and heavy financial need for the reason selected on the front of this form. Disability requests will be sent to the Surgeon General for determination or the Program Manager may make the disability determination as defined by the Plan.
- 13. Employee is liable for payment of Federal income tax and penalties on any taxable portion of the distribution. Employee may still be responsible for his/her Federal income tax obligation in excess of the amount withheld. If you elect to roll over a lump sum distributions to an IRA or other qualified plan, you must do so within the time permitted by law (currently 60 days from the date payment is made) to avoid a tax penalty. If you have reached age 59 ½, there is no penalty when you receive your distribution, but the distribution is subject to Federal, state and local taxes unless rolled over into an IRA or other qualified plan. Distributions are subject to 20% Federal withholding tax.
- 14. Instructions on front of form.